Case 2:05-c	r-00204-LSC- erson represented	SRW DOC	AND VOUCHER FO	R PAYMENT OF TRAIL FILE O 08/10/2	NSCRIPT Page	ge 1 of 1	
ALM	Mercer, Jr., Billy	R.		07	07072500000		
3. MAG. DKT/DEF. NUMBER		T./DEF. NUMBER 05-000204-001	5. APPEALS DKT.	DEF. NUMBER	6. OTHER DK	r. NUMBER	
7. IN CASE/MATTER OF (Case Nan	ne) 8. PAYMEN	T CATEGORY	9. TYPE PERSON	REPRESENTED		TATION TYPE	
U.S. v. Mercer, Jr.			A Appellant			(See Instructions) Appeal of Other Matters	
1. OFFENSE(S) CHARGED (Cite U	S. Code, Title & Section	If more than one offen	nse, list (up to five) major (ffenses charged, according t	o severity of offense.	10 10	
		visign kilosije si s	KETT OF K		7E3 î	JULIU A 4	
2. PROCEEDING IN WHIC APPEAL PROCEEDI	H TRANSCRIPT IS TO I NGS TO THE	BE USED (Describe b) UNITED S	riefly) TATES COU	RT OF APPE	ALS, 11T	H CIRCUIT	
13. PROCEEDING TO BE TI	RANSCRIBED (Describe	specifically). NOTE: The	trial transcripts are not to	include prosecution openin	g statement, defense op	ening	
statement, prosecution argume JURY TRIAL PROCE	EDINGS HEL	ution rebuttal, voir dire or D 02/14-1	5/06, SEN	recifically authorized by the TENCINGPRO	CEEDINGS	HELD 05/24	
JURY INSTRUCTION							
4. SPECIAL AUTHORIZAT	TONS (Services Other T	nan Ordinary)				Judge's Initials	
A. Apportioned Cost	% of transcript with (Give	case name and defend	lant)				
B. Expedited Dail	y	ot 🗆 Real Time Une	edited Transcript				
C. Prosecution Opening S		•	Prosecution Rebuttal				
Defense Opening State			Voir Dire	☐ Jury Instruction			
D. In this multi-defendant ca to persons proceeding und			ede the delivery of acco	elerated transcript service	s		
5. ATTORNEY'S STATEMENT			₹16. COURT ORDE				
As the attorney for the person represe the transcript requested is necessary i			Financial court's sa	eligibility of the person repres isfaction, the authorization rec	ented having been establ	ished to the	
request authorization to obtain the tran	riscript services at the expense of			_		oy gramou.	
	/	08.17.06	mas	a, Oh			
signature of Attorney		Date	Signature	of Presiding Judicial Officer of	or By Order of the Court		
That	of the		9/21	200 b	·		
Printed Name	Dulled.		Date of O	rder	Nunc Pro Tunc Da	ite	
elephone Number: 334,839,	4100					j	
Panel Attorney Retained Atty P	ro-Se 🗌 Legal Organization						
7. COURT REPORTER/TRANSCI		□ Oakan	18. PAYEE'S NAI	ME (First Name, M.I., La	st Name, including a	iny suffix,)	
9. SOCIAL SECURITY NUMBER	OR EMPLOYER ID OF	Other PAYEE	Lindy M	. Fuller			
			1129 54	Ave. N. #	325		
420-06-59	107		Birminch	m A Telepi	hone Number	1.527-2955	
. TRANSCRIPT	Include Page Numbers	No. of Pages	Rate Per Page	Sub-Total	Less Amount	Total	
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				TOTAL ABSOLUTE CO	AIMES	1112==	
				TOTAL AMOUNT CI	LAIMED:	1665.28	
 CLAIMANT'S CERTIFICATION I hereby certify that the above claim is for 			t or received narment (com	pensation or anothing of value	\ Crams and		
other source for these services.	- 0	or, and that I have not sough	to received payment (com	pensation of anything of value) itotii aity		
Signature of Claimant/Payee:	5/10/12	alle	Date:	Mr 5.	2007		
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CERTIFICATION OF ATTORN	EY TR LERK I hereb	y certify that the servi	ices were rendered an	I that the transcript was	received.		
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Signature of Monley or Cich			Date		-		
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Signature of Judicial Officer or Cler	rk		Date		14	10-107	